Stoma accessories and quality of life

In the UK over 100,000 people have a stoma (Black, 2009) which can have major implications on their quality of life (QoL). QoL in this context is the extent to which the stoma can have a negative effect on the ability to carry out activities of daily living. A problematic stoma that causes leakage and sore skin can have a negative impact on QoL (Pittman et al, 2009). Approximately one in three patients will have a problematic stoma that requires the use of one or more accessories to keep them dry for a 24-hour period (Cottam and Richards, 2006). An accessory is anything that a patient uses in addition to their stoma pouch to carry out their stoma care.

The economic landscape has changed from feast to famine and gone are the days when patients are sent home with an array of accessories to cover every eventuality. Reflecting on practice it raises the question, of whether the tax payer is being provided ‘luxury’ items like deodorising spray (some companies have been caught unawares to combine this with an adhesive remover). Stoma accessories currently cost the NHS £70.5 million while £248 million was spent on stoma appliances and accessories throughout England in 2013 (Health and Social Care Information Centre, 2014). In this economic climate there is a drive to make cost savings in the NHS of £30 billion by 2017 (The Health Foundation, 2014) and the accessory market has become the mission for medicines management teams to target their focus.

With a vast array of accessories that can be mind boggling to even the most experienced stoma care nurse (SCN), there is a fear that formulations of permissible products will be used to keep costs down. In my area, the SCN, in collaboration with medicines management teams, have developed prescribing guidelines for stoma appliances and a preferred prescribing list of accessory items for GPs where cheaper adhesive removers and skin protection wipes are recommended over more expensive products. It is therefore imperative that SCNs lift their head above the parapet and proactively engage with medicines management teams to ensure that clinical decisions and quality of patient care are not compromised. In Rotherham the stoma products budget has been centralised (Mangnall et al, 2013) and managed by SCNs with cost savings, while another trend is the development of prescription guidelines (Skipper and Fake, 2015).

The role of the SCN is pivotal in striking a balance between cost-effective and quality care by observing a number of responsibilities. Patients are partners in health care; their expectations must be managed through education on cost and appropriate use of accessories. Most patients are keen to embrace this concept, especially if it means they have the freedom to choose their essential stoma products. The SCN can also learn ingenious lessons from their patients to neutralise odour, such as striking a match when changing the pouch or the use of a tic tac™ in the stoma bag.

SCNs must embrace an evidence-based approach in order to maintain their clinical autonomy in decision making around the use of stoma products and accessories. The use of an adhesive remover is now viewed as essential practice as evidence has demonstrated that it reduces skin stripping and so maintains skin integrity (Cutting, 2006). As accessories come on to the market, SCNs have a responsibility to evaluate the products through case studies. Further, with the Nursing and Midwifery Council (2015) reviewing the revalidation process associated with registration, there will be a requirement to provide evidence of maintaining professional development. Such reflective documentation could fulfil this requirement.

Stoma positioning is the main cause of complications, highlighting the need for systems to be in place to ensure that elective and emergency patients have their stoma sited within the SCN working hours. The emergence of stoma product usage systems to identify patients who are excessive users could be construed as excessive surveillance, however, it facilitates the opportunity to offer patients a review to resolve any ongoing problems. Often this group of patients are established and have lost contact with their SCN or may be reluctant to seek help.

There should be systems in place to periodically review patients who have problematic stomas as often the use of an accessory will be a temporary measure. Many patients rely on accessories to improve adhesion, which subsequently improves wear time reducing the need for more frequent pouch changes. SCNs need to do the sums; pouch + accessory = cheaper than frequent pouch change with added security + confidence.

While patients can freely obtain product samples from companies, stoma appliances and accessories will only normally be prescribed if they have been recommended by the SCN. Seamless care between primary and secondary care relies on good communication between the SCN and GP, dispensing appliance contractor, medical management teams and the patient, particularly after formation of new stoma and when established patients are reviewed and products changed.

Stoma accessories can be a QoL issue for many stoma patients who rely on them daily to maintain the integrity of their pouch and provide confidence and security to continue their daily activities. While cost effectiveness is everyone’s responsibility, the patient and clinical need must remain the focus of care. An in-depth knowledge of stoma products, accessories and evidence based practice is essential to support the patient and promote best practice. As patient advocate the SCN must protect the best interests of their patients by reviewing those who are experiencing leakage problems and ensure that, where necessary, appropriate accessories are available and prescribed to improve and maintain QoL.

Nursing and Midwifery Council (2015) How to revalidate with the NMC: Provisional guidance; http://tinyurl.com/cbvy7m (accessed 15 September 2015)

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